

DOCKET NO.: 210229US0PCT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Teruo OKU, et al.

PATENT NO.: 7,060,721

GROUP: 1626

ISSUED: June 13, 2006

EXAMINER: Laura L. STOCKTON

FOR: IMIDAZOLE COMPOUNDS AND MEDICINAL USE THEREOF

PETITION FOR CERTIFICATE OF CORRECTION UNDER 37 CFR § 1.183

DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE
ALEXANDRIA, VA 22313-1450

SIR:

We respectfully request the requirements of 37 CFR 3.81 be waived to permit the correct name of the assignee be provided after issuance of the patent.

An assignment transferring all rights from the inventors to Fujisawa Pharmaceutical Co., Ltd. was recorded at Reel/Frame 012660/0704 on February 27, 2002, in the above-identified Patent. Further, an assignment transferring all rights from Fujisawa Pharmaceutical Co., Ltd. to Astellas Pharma Inc. was recorded at Reel/Frame 017073/0257 on December 12, 2005.

When submitting the PTOL-85b at the time of payment of the Issue Fee, a clerical error occurred and Fujisawa Pharmaceutical Co., Ltd. was inadvertently listed as the assignee.

In accordance with the provisions of Rule 323 of the Rules of Practice, which implement 35 USC 255, the Patent Office is respectfully requested to issue a certificate of correction to indicate the correct Assignee as Astellas Pharma Inc.

We are enclosing a credit card payment form in the amount of \$500.00 (\$400.00 to cover the petition fee and \$100.00 for the Certificate of Correction). The requested corrections are listed on FORM P.T.O. 1050.

Adjustment date: 10/04/2006 CKHLOK
07/03/2006 SZEWDIE1 00000047 7060721
01 FC:1462 -400.00 OP

10/04/2006 CKHLOK 00000002 09869135
01 FC:1464 130.00 OP

Customer Number

22850

Tel. (703) 413-3000

Fax. (703) 413-2220

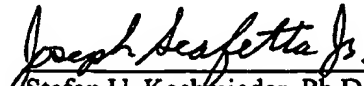
Refund Ref: 0030034940
10/04/2006

Credit Card Refund Total: \$270.00

Am Exp.: XXXXXXXXXXXX1008

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.
Norman F. Oblon


Stefan U. Koshnieder, Ph.D.
Registration No. 50,238

Joseph Scafetta, Jr.
Registration No. 26,803

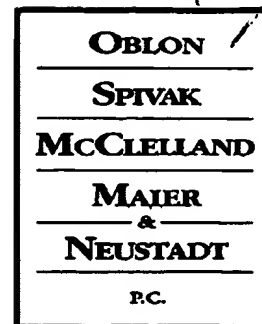
07/03/2006 SZEWDIE1 00000047 7060721

01 FC:1462
02 FC:1811

400.00 OP
100.00 OP



09/869,135



Docket No.: 210229US0PCT

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

ATTORNEYS AT LAW

RE: Patent No.: 7,060,721
Applicants: Teruo OKU, et al.
Issue Date: June 13, 2006
For: IMIDAZOLE COMPOUNDS AND MEDICINAL USE
THEREOF
Group Art Unit: 1626
Examiner: Laura L. STOCKTON

SIR:

Attached hereto for filing are the following papers:

PETITION FOR CERTIFICATE OF CORRECTION UNDER 37 CFR § 1.183

Our credit card payment form in the amount of \$500.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary Extension of Time to make the filing of the attached documents timely, please charge or credit the difference to our Deposit Account No. 15-0030. Further, if these papers are not considered timely filed, then a petition is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.
Norman F. Oblon


Stefan U. Koschmieder, Ph.D.

Registration No. 50,238

Joseph Scafetta, Jr.
Registration No. 26,803

Customer Number

22850

(703) 413-3000 (phone)
(703) 413-2220 (fax)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>06/30/06</u>		2 Serial/Patent # <u>7,060,721</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition 1462		06/30/06	\$ 270.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 270.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
X	Overpayment	X	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>5</td><td>--</td><td>0</td><td>0</td><td>3</td><td>0</td> </tr> </table>			1	5	--	0	0	3	0
1	5	--	0	0	3	0					
	No Fee Due (Explanation):	<i>Credit Card</i>									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Douglas I. Wood</u>		TITLE: <u>Senior Petitions Attorney</u>									
SIGNATURE: <u>/douglas wood/</u>		PHONE: <u>571-272-3231</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>[Signature]</i></u>		DATE: <u>10/3/06</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: